PTO/SB/01 (12-97)

Approved for use through 10/31/2002 OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR			Attorney Docket Numb	er 467	-B04.	US				
DESIGN PATENT APPLICATION (37 CFR 1.63)			First Name Inventor	Dor	ninic	THERIA	ULT			
			COMPLETE IF KNOWN							
			Application Number		1					
☑ Declaration Submitted OR With initial	☐ Declaration		Filing Date							
	Submitted after Init	harge	Group Art Unit			,				
Filing	(37 CFR 1.16 (e)) required		Examiner Name							
As a below named inventor, I hereby declare that :										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural										
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CONTAINER PACKING SYSTEM										
(Title of the Invention)										
The specification of which is attached hereto										
OR										
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable).							ble).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as										
amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for										
continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's										
certificate, or of any PC	T international application i	having a	a filing date before that of the	ie applicati	on on wh	ich priority is	claimed.			
Prior Foreign		F	Foreign Filing Date	Priorit	y Ce	rtified Copy	/ Attached?			
Application Number(s)	Country		(MM/DD/YYYY)	Not Clair	ned	YES	NO			
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto :										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States Provisional application(s) listed below.										
Application Nu	umber(s)	Filing (Date (MM/DD/YYYY)							
					Additional provisional application					
				S	Numbers are listed on a supplemental priority data sheet					
			·	P	TO/SB/0	2B attached	hereto.			
				1						

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time your are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (12-97)
Approved for use through 9/30/00 OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control

DECLARATION - Utility or Design Patent Application

Direct all correspondence to '	er Number ode Label		OR 🗷	Correspo	ondence address below					
Name Mr. Dominic THERIA	ULT									
Address C/o PROTECTIONS EQUINOX INT'L INC.										
Address 4480 Cote-de-Liesse, Suite 224										
City Montreal		State	QBC	ZIP	H4N 2R1					
Country Canada	Telep	hone (514) 739-6770	Fax	(514) 733-4424					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR :			petition has been filed	for this	unsigned inventor.					
Given Name (first and middle [if any]) Dominic Family Name or Surpane or Surpane										
Inventor's Signature	in the	Jus	X/-		oate Sept, 3,2003					
Residence City St Jacques	State	QBC	Country Cana	da	Citizenship CDN					
Post Office Address 19 Dupuis										
Post Office Address				·						
City St-Jacques	State	QBC	ZIP JOK 2	R0	Country Canada					
NAME OF SECOND INVENTOR :		□ A	petition has been filed	d for this	unsigned inventor.					
Given Name (first and middle [if any]) Family Name or Surname										
Inventor's Signature				[Date					
Residence City	State		Country		Citizenship					
Post Office Address										
Post Office Address										
	State		ZIP		Country					
City Additional inventors are being named on the s		ional Inven	tor(s) sheet(s) PTO/SB/0)2A attacl						